

Wisconsin Department of Safety and Professional Services

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Ship To: 1400 E. Washington Avenue
Madison, WI 53703

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Website: <http://dsps.wi.gov>

EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS, AND PROFESSIONAL LAND SURVEYORS

APPLICANT APPRAISAL FORM FOR REINSTATEMENT

Applicant's Name:	<input type="text"/>
Type of Credential Applying for:	<input type="checkbox"/> Architect <input type="checkbox"/> Designer of Engineering Systems <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Professional Land Surveyor
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Note to Applicant: It is required that references have personal knowledge of your experience in your professional work and must be licensed in Wisconsin or another state. Evaluators may also be used as a reference. Family members can act as supplemental references in support of an application, but not as one of the 3 required responses. Type or print your name in the box at the top of each form prior to distribution. **Forms must be forwarded by you to DSPS with your application.**

Instructions for the licensed professional completing the appraisal: The applicant named above has applied for reinstatement of his or her credential to practice in the State of Wisconsin. To assist the Board in reviewing the applicant, we would appreciate your appraisal of the applicant's proficiency as requested below.

- I know this applicant:** ☐ Very Well ☐ Well ☐ Slightly ☐ Not at all
- My contacts with the applicant extend:** From: / / To: / /
- These contacts were:** (check all that apply)
☐ As an associate ☐ As a student in my classes
☐ In social or community affairs ☐ In professional society activities
☐ Other (specify)
- I am familiar with the applicant's work at:** (name of company)
- In my opinion, the applicant's personal integrity and character is:**
- Describe the principal duties performed by the applicant:**
- Provide any information or knowledge that you have of the applicant that would assist the Board in determining the applicant's competency to practice in the field.** (attach additional sheet if necessary)

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8. Describe related activities that the applicant has had, such as teaching, research, construction, or community services:

9. In my opinion, this applicant is qualified to be re-licensed. ☐ Yes ☐ No

10. The information on this form is being submitted by:

Name

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Firm

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Title/Position

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Address (street, city, state, zip)

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Daytime Telephone Number

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Signature

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Date

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Affix seal or
Indicate where registered, type of profession, and
registration number below: (if applicable)

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